

Cardiology Report (5231440-14/ECG + Echo)**Completed 01/20/20 08:17 PM****Patient Name:** Rebel Deluna (8516)**Requesting Doctor:** Patti Maness, DVM**Species:** Feline**Age:** 1Yr 10Mo**Gender:** Male**Breed:** Bengal**Weight:** 13.40 Lb

HISTORY: focal murmur. echo under dexdormitor. suspect trivial to mild AI could be from drugs. Is a breeding tom show cat. clinically normal

Heart Murmur: 2/6

ECG and echocardiographic images submitted for review.

ECG: Dated January 20, 2020. A 6 lead ECG is available for review.

FINDINGS:

Heart rate: 74 bpm

Rhythm: Sinus bradycardia

The ECG reveals marked sinus bradycardia. No supraventricular or ventricular ectopy is observed.

ECHOCARDIOGRAM: 80 still images and 35 CINE loops are provided for review, dated January 17, 2020.

FINDINGS:

The mitral valve is within normal limits. The tricuspid valve appears normal. The aortic and pulmonic valves appear unremarkable. There is normal left atrial absolute measurements although it appears mildly large relative to the aorta. Left ventricular dimensions are borderline increased. Left ventricular systolic function appears moderately reduced; however, this may be secondary to the sedative agents administered. The left ventricular wall thickness is within normal limits on manual measurements; the reported measurements likely represent an overestimate. The right-sided chambers appear normal. There is no pericardial effusion. Doppler analysis reveals mild mitral regurgitation. There is mild tricuspid regurgitation. There is normal pulmonic outflow velocity. There is mild pulmonic insufficiency. There is normal aortic flow. There is trace aortic regurgitation.

IVSd: 0.49 cm

LVIDd: 1.74 cm

Requested By:

Patti Maness, DVM
Maness Veterinary Services
518 SW 27th Place
Newcastle, OK 73065
P: 405-387-5005
F: 405-387-5690
F2:
re: Rebel Deluna (8516)

Do you have feedback on this report? We want to hear from you. Visit
<http://www.vetmedstat.com/survey>.

Report provided by:

IDEXX Telemedicine Consultants
1-800-726-1212
9200 SE Sunnybrook Blvd., Suite 460
Clackamas, OR 97015

PWd: 0.42 cm

FS: 12-24 %

Ao: 0.7 cm

La: 1.3 cm

La/Ao: 1.85

Echocardiographic diagnosis:

1. Decreased left ventricular wall motion – drug induced vs inherent systolic dysfunction

ASSESSMENT:

Definitive evidence of cardiac disease is not apparent on the submitted echocardiogram, although interpretation is somewhat limited by the sedation administered. Systolic function is significantly reduced; this is most likely secondary to the dexdomitor administered. The valvular regurgitation identified may also be secondary to the dexdomitor. On manual measurements, clinically significant left ventricular hypertrophy is not apparent suggesting HCM is unlikely.

The ECG reveals a marked sinus bradycardia. This is likely secondary to dexdomitor sedation.

RECOMMENDATIONS:

No cardiac medications are indicated based on this study.

For more definitive assessment of cardiac structure and function, an echocardiogram performed outside of the influence of dexdomitor sedation may be considered.

If echocardiography is performed at any time in the future, strongly recommend against dexdomitor sedation. If heavy sedation is required for echocardiography, a potential sedative protocol may include butorphanol (0.2 mg/kg IM), midazolam (0.2 mg/kg IM), and ketamine (2 mg/kg IM). If sedation is inadequate, an additional 2 mg/kg of ketamine may be administered. Alternatively, if alfaxalone (Alfaxan) is available, a preferable and excellent alternate sedation protocol is alfaxalone (2mg/kg IM) with butorphanol (0.2 mg/kg IM) and midazolam (0.2 mg/kg IM), all given as an IM combination. An additional excellent option would be to have the owners administer gabapentin (100mg PO) at home ~ 2 hours prior to the planned arrival at the clinic.

*Note that these recommendations are guidelines and must be correlated with the history, physical examination findings, and diagnostic test results. These recommendations may need to be altered as the clinical status of the patient changes.

Requested By:
Patti Maness, DVM
Maness Veterinary Services
518 SW 27th Place
Newcastle, OK 73065
P: 405-387-5005
F: 405-387-5690
F2:
re: Rebel Deluna (8516)

Do you have feedback on this report? We want to hear from you. Visit
<http://www.vetmedstat.com/survey>.

Report provided by:
IDEXX Telemedicine Consultants
1-800-726-1212
9200 SE Sunnybrook Blvd., Suite 460
Clackamas, OR 97015

(Continued)

Thank you for using IDEXX telemedicine; please call if you have any questions or patient updates you would like to discuss!

Damon Leeder, BVSc, DACVIM (Cardiology)
Cardiologist

Requested By:
Patti Maness, DVM
Maness Veterinary Services
518 SW 27th Place
Newcastle, OK 73065
P: 405-387-5005
F: 405-387-5690
F2:
re: Rebel Deluna (8516)

Do you have feedback on this report? We want to hear from you. Visit
<http://www.vetmedstat.com/survey>.

Report provided by:
IDEXX Telemedicine Consultants
1-800-726-1212
9200 SE Sunnybrook Blvd., Suite 460
Clackamas, OR 97015



Maness Veterinary Services

Patti Sue Maness, DVM
522 SW 27th Place
Newcastle, OK 73065
405-387-5005

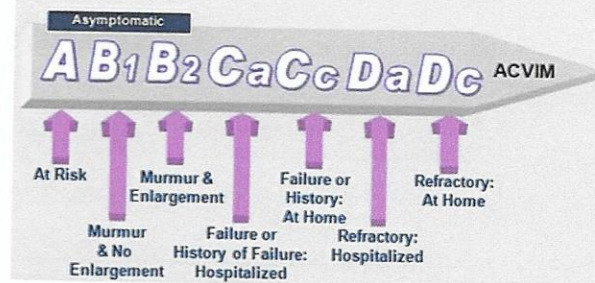
Cardiac Ultrasound Report

Name **DeLuna, Tracy, Rebel**
Birthdate **03/30/2018**
Patient Id **8516**

Date **01/17/2020**
Ref. Hospital
BP

Patient History
focal murmur

ACVIM Cardiac Disease Classification



<u>2D</u>		<u>M-Mode</u>		<u>Doppler</u>	
IVSd	5.83 mm	IVSd	3.63 mm	AV Vmax	0.89 m/s
LVIDd	16.14 mm	LVIDd	18.52 mm	AV maxPG	3.14 mmHg
LVPWd	5.86 mm	EDV(Teich)	10 ml	AR Vmax	1.17 m/s
EDV(Teich)	7 ml	LVPWd	12.15 mm	AR maxPG	5.60 mmHg
IVSs	7.67 mm	IVSs	6.71 mm	IVRT	45 ms
LVIDs	14.18 mm	LVIDs	14.00 mm	PV Vmax	0.84 m/s
LVPWs	6.04 mm	ESV(Teich)	5 ml	PV maxPG	2.84 mmHg
ESV(Teich)	5 ml	EF(Teich)	52 %	PR Vmax	0.25 m/s
EF(Teich)	29 %	%FS	24 %	PR maxPG	0.27 mmHg
%FS	12 %	Ao Diam	0.7 cm		
SV(Teich)	2 ml	LA Diam	1.3 cm		
Ao Diam	7.99 mm	RVIDd	0.2 cm		
LA Diam	11.48 mm	LVPWs	7.18 mm		
LA/Ao	1.44	EPSS	2.71 mm		
Ao/LA	0.70				

Findings

Heart Murmur Grade: Grade I/VI Point of Maximum Intensity: Left Side Base
LA/AO Ratio: Normal LA:Ao ratio is 1:1.1. The M mode measurements today are above
;and are within normal limits or not significantly enlarged.
Mitral Valve: Normal appearance and no regurgitation.
Tricuspid Valve: Normal appearance. No regurgitation.
Pulmonic Valve: Normal appearance. There is mild regurgitation on color flow but no
stenosis present.
Aortic Valve: There is a trivial AI.
Left Ventricle: The LV wall thickness is normal and the contractility is appropriate. This
exam under sedation so the fractional shortening is on the low side.
Left Atrium: Normal size, no clot seen.

Interpretation

Aortic Insufficiency- trivial, and may be secondary to sedation medications.
Pulmonic insufficiency: mild and probably also secondary to medications.
Normal heart function (for sedation) and no significant disease present. Murmur that was
auscultated appears physiologic. Murmur did resolve with sedation.

Recommendations

**There are not enough cardiac changes to recommend any medications at this time.
The auscultated murmur resolved under anesthesia and is probably of physiologic
origin. The AI is trivial and should be monitored for now.**

Thank you for the opportunity to assist in the care of this patient.

If you have any additional information, questions or concerns, please do not hesitate to contact me.

Patti S. Maness, DVM
